

# Work Order ID 88530

**\*88530\***

Page 1

August-02-12 11:51:29 AM

Item ID: D3883-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Saddle, Outboard LH

Start Date: 8/16/12 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 8/22/12 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: *[Signature]*

Date: *12-09-12* Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D3883

C

100

0.00

**\*100\***

HAAS CNC VERTICAL MACHINING #1

HAAS I

0.00

HAAS CNC vertical machine #1

Memo

Program Batch No. *688530*

Double check by: *[Signature]*

1-Machine Step No 1 per Folio FA815 and inspect per attached Dimension Sheets

2-Machine Step No 2 per Folio FA641 and inspect per attached Dimension Sheets

3-Machine Step No 3 per Folio FA815 and inspect per Dimension Sheets

MILL AS PER DWG AND FOLIO FA815

FOLIO REV: *AA*

DWG REV: *C*

105

0.00

**\*105\***

Mill Conv

0.00

Conventional Milling Machine

Memo

MILL KEYWAY AS PER DWG

*DAS 25 12-10-27*

*PTO-7*

NCR: ☒ Yes ☐ No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Aut Date: 12/11/16QA Closed: CK Date:

Work Order: <u>88530</u> Part No. <u>D3883-1</u> NCR No. <u>12-2024</u>				<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input checked="" type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data	12/10/26	100	1	Tool & Tool holder crashed into part  - All offsets + Program's good no change.	12-10-20	Machine malfunction	12/10/26		DAS 16 9-89  12/10/29		
Equip/Tooling											
Operator											
Material											
Setup											
Other <input checked="" type="checkbox"/>											
Process											
Supplier											
Training											
Unapproved											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input checked="" type="checkbox"/> Other <u>Machine malfunction</u>		

# Work Order ID 88530

**\*88530\***

Page 2

August-02-12 11:51:29 AM

Item ID: D3883-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Saddle, Outboard LH  
 Start Date: 8/16/12 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 8/22/12 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110 <b>*110*</b> QC Quality Control	QC2- Inspect parts off machine FAI/FAIB  Memo	0.00  0.00				4	1		
120 <b>*120*</b> QC Quality Control	QC8- Inspect parts - second check  Memo	0.00  0.00				4	1		
130 <b>*130*</b> HandFinish Hand Finishing	Chemical Conversion Coat per QSI005 4.1  Memo	0.00  0.00				4	1		

PTO-7

DAS  
14  
9-89

12/10/24

4 ✓ 9/11/11/05

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: [Signature] Date: 12/11/10QA Closed: [Signature] Date:

Work Order: <u>88530</u>				DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. <u>D3883-1</u>				Rework <input type="checkbox"/>		Skid-tube <input type="checkbox"/>		Crosstube <input type="checkbox"/>		Water Jet <input type="checkbox"/>		Engineering <input type="checkbox"/>	
NCR No. <u>122025</u>				Scrap <input type="checkbox"/>		Machining <input checked="" type="checkbox"/>		Small Fab <input type="checkbox"/>		Prod. Eng. Coord. <input type="checkbox"/>		Quality <input type="checkbox"/>	
				Use-as-is <input checked="" type="checkbox"/>		Thermoforming <input type="checkbox"/>		Finishing <input type="checkbox"/>		Rec/Store/Packaging <input type="checkbox"/>		Other <input type="checkbox"/>	
				Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>		Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling	<u>12/11/1</u>	<u>105</u>	<u>2</u>	<u>Groove is off center by as much as 0.0035" over tol. on gty (2) parts.</u>	<u>DAS 12 12/11/1</u>	<u>Acceptable. Test fit on A119 skid tube.</u>	<u>LA 12 12/11/1</u>	<u>DAS 15 12/11/02</u>	<u>DAS 15 12/11/02</u>
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY			
Landing Gear		General	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<u>Bad out on manual mill</u>
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<u>S Faulty</u>
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	

Work Order ID 88530

\*88530\*

Page 3

August-02-12 11:51:29 AM

Item ID: D3883-1

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Saddle, Outboard LH

Start Date: 8/16/12

Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 8/22/12

Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

140

White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum

0.00

\*140\*

Powdercoat

Powder Coating

Memo

START TIME:

OVEN TEMPERATURE:

FINISH TIME:

0.00

150

QC3- Inspect Part Finish

0.00

\*150\*

QC

Quality Control

Memo

0.00

160

Identify as per dwg &amp; Stock Location: 431

0.00

\*160\*

Packaging

Packaging

Memo

0.00

4X0

12/11/07  
P107

40 12-11-7

431

12/11/8 (4)

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: AK Date: 12/11/10QA Closed: AK Date:

Work Order: <u>88530</u> Part No. <u>D3883-1</u> NCR No. <u>12-2026</u>	<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input checked="" type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b> <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input checked="" type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input checked="" type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input checked="" type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>	12/11/02	100	1	CHAMFER 0.050 x 45° (REF C3-2) IS 0.010 OVER TOL.	DAS 22 12/11/02	ACCEPTABLE DEVIATION.	12/11/02	DAS 16 12/11/02	DAS 16 12/11/02
Equip/Tooling <input type="checkbox"/>									
Operator <input checked="" type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

## FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input checked="" type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	--

<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input checked="" type="checkbox"/> Other <u>offset not set correctly</u>
--	---	--

**Work Order ID 88530****\*88530\***

Page 4

August-02-12 11:51:29 AM

Item ID: D3883-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Saddle, Outboard LH  
Start Date: 8/16/12 Start Qty: 4.00 **\*4\*** Cust Item ID:  
Required Date: 8/22/12 Req'd Qty: 4.00 **\*4\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170	QC21- Final Inspection - Work Order Release	0.00							
<b>*170*</b>									
QC	Memo	0.00							
Quality Control									

12/11/88  
MLJ 12-11-08

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            -Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		



# Picklist Print

August-02-12 11:51:29 AM

Page 1

Work Order ID: 88530

Parent Item: D3883-1

Parent Item Name: Saddle, Outboard LH

Start Date: 8/16/12

Required Date: 8/22/12

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP RevA: New issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D6101-015 Saddle Billet		Manufactured	No			100	Each	14.0000	1	4			

Location

Loc Qty

Loc Code

MAT047

14

74800

4

→ 85568

10

88390

4

12-10-24

12/10/26

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	FF530
<b>Description:</b> Saddle, Outboard, LH		<b>Part Number:</b>	D3883-1
<b>Inspection Dwg:</b> D3883 <b>Rev.</b> C		<b>Page 1 of 1</b>	

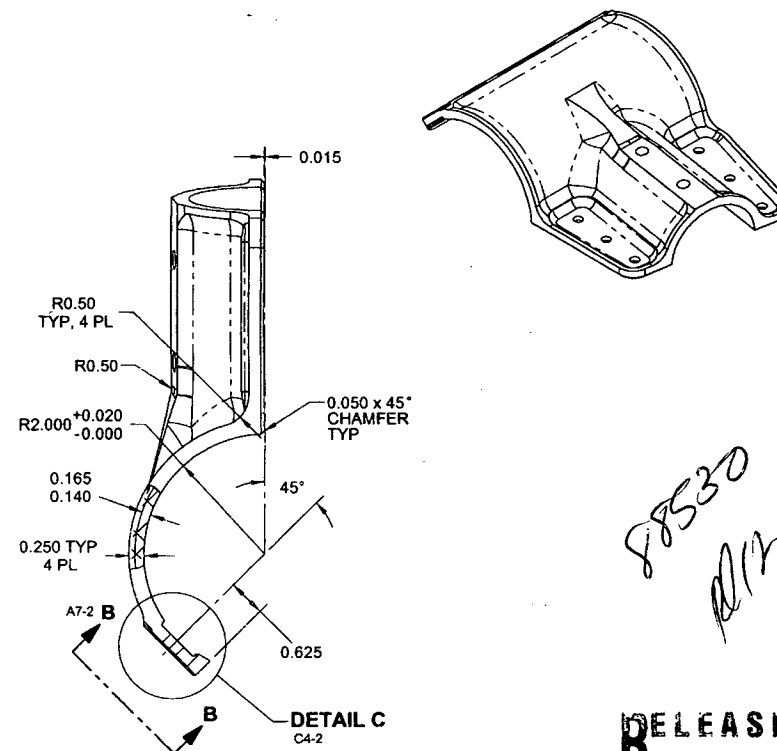
Inspect dimensions highlighted on inspection sheet drawing and record below:

				Recorded Actual Dimensions					
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	By	S
A	2.870	2.880		2.875	<del>2.875</del>	2.875	2.875		2.875
B	1.433	1.443		1.4375		1.438	1.438		1.438
C	0.638	0.658		.644		.644	.646		.646
D	3.895	3.905		3.898		3.899	3.899		3.899
E	0.257	0.262		.259	.259	.259	.259		.259
F	0.605	0.625		.614		.615	.614		.6145
G	1.120	1.130		1.125		1.127	1.125		1.125
H	2.245	2.255		2.249		2.2515	2.250		2.250
I	2.000	2.020		2.0019	2.0129	2.013	2.0095		2.0094
J	0.140	0.165		.147		.149	.151		.156
K	0.240	0.260		.245		.250	.250		.260
L	0.115	0.135		.122		.127	.126		.135
M	0.140	0.165		.144		.145	.148		.155
N	0.720	0.780		.770		.770	.770		.770
O	0.240	0.260		.244		.243	.251		.247
P	0.110	0.140		.135	.135	.135	.135		.135
Q	0.178	0.198		.188	.188	.188	.188		.188
R	2.825	2.885		2.867		2.867	2.867		2.867
S	0.316	0.321		.316	.316	.316	.316		.316
T	0.990	1.010		.995		.992	.994		.995
U	1.745	1.755		1.750		1.748	1.750		1.750
V	5.990	6.010		6.000		6.000	6.000		6.000
W	1.245	1.255		1.252		1.250	1.250		1.250
X	0.490	0.510		.503		.502	.500		.500
Y	1.220	1.280		1.240	1.240	1.240	1.240		1.240
Z	2.495	2.505		2.499		2.498	2.500		2.500
AA	0.313	0.318		.316	.316	.316	.316		.316
AB	0.020	0.040		.030	.030	.030	.030		.030
AC	0.760	0.765		.760		.760	.760		.760
AD	0.215	0.220		.218		.218	.218		.218
AE	1.265	1.285		1.2668	1.278	1.278	1.2745		1.2745
AF									
Accept/Reject				SCRAP					



Measured by:	ST
Date:	12/10/26

Audited by:	DA5
Date:	12/10/29

Rev	Date	Change	Revised by	Approved
A	09.10.22	New Issue	KJ	JLM
B	09.11.25	Dimension AE added	KJ	



RELEASED  
2009-11-19  
*ms*

C	ADD R1 265 (ZN D6-2)	RF	09.11.09
B	D6101-015 WAS D6102-015, ZN A7-1; ADD 0.648, ZN D7-1; ADD 0.615, ZN D8-1; ADD 0.125, ZN D7-2; ADD 0.060 & R0.031, ZN B5-2, 0.75 WAS 0.728, ZN C7-2	RF	09.06.30
A	NEW ISSUE	RF	09.03.30
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	<b>DART AEROSPACE USA, INC.</b> PORT HADLOCK, WA	
DRAWN	RF		
CHECKED		DRAWING NO.	REV.
MFG. APPR.		D3883	SHEET 1 OF 1
APPROVED		TITLE	SCALE
DE APPR.		OUTBOARD SADDLE	NT
DATE	09.11.09	COPYRIGHT © 2009 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	



RELEASED  
2009-11-19  
*mp*

DESIGN	RF	<b>DART AEROSPACE USA, INC.</b>	
DRAWN	RF	PORT HADLOCK, WA	
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. C
MFG. APPR.	<i>[Signature]</i>	D3883	SHEET 2 OF 2
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	<b>OUTBOARD SADDLE</b>	
DATE	09.11.09	COPYRIGHT © 2009 BY DART AEROSPACE USA, INC. <small>THIS DOCUMENT IS PRIVATE AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE USA, INC.</small>	